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ABSTRACT

This report examines the availability of health care, child care, and youth programs for Asian Americans in New York City. The Asian American community currently makes up 10 percent of the city population. Asian New Yorkers represent diverse cultures and languages but share certain underlying values and challenges. One commonality is their inadequately documented needs. Limited data suggest substantial needs that current approaches do not satisfy. The Asian American community is overwhelmingly a population of immigrant adults and their children many working long hours at low paying labor and service jobs. They face health and service providers who do not speak their language, cannot access interpreters, and are not trained in cross-cultural issues. Resources targeting the Asian American community are severely lacking. Child care and youth programs are scarce. Despite these obstacles, many Asian American families succeed. Recommendations include: improve measurement of the status of Asian American children, commit to supporting healthy development for all children, and increase the numbers of Asians in decision making positions. Six appendixes present: immigration rates; the 1996 Housing and Vacancy survey and imputation problems; New York City Asian neighborhoods; community mental health services; the subsidized child care system; and cultural competency. (Contains 28 tables and 32 references.) (SM)

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Half-Full OR Half-Empty?

HEALTH CARE, CHILD CARE, AND YOUTH PROGRAMS FOR ASIAN AMERICAN CHILDREN IN NEW YORK CITY

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THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES

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THE COALITION FOR
ASIAN AMERICAN CHILDREN
AND FAMILIES

APRIL 1999

Challenging Myths ◆ Breaking Barriers
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THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES

THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES (CACF) seeks to improve the quality of life for the New York City Asian American community by facilitating access to health and human services that are sensitive to all Asian American children and families. The Coalition promotes awareness of cultural values, linguistic differences, and immigration issues and serves as a resource for service providers through advocacy, production of education materials, coalition building, and information dissemination.

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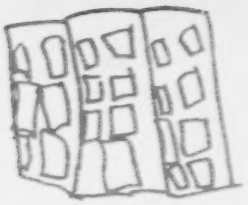

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HALF-FULL OR HALF-EMPTY?

Health Care, Child Care, and Youth Programs for Asian American Children in New York City

EXECUTIVE SUMMARY

At the beginning of a new century, New York City is yet again a renewed metropolis, with the composition of its population drastically altered compared to a decade ago. Prominent among the many new immigrants to settle in the city are Asians. More than ever before, newcomers from Asia are choosing to live, work, and raise families in New York City.

The increase in Asian New Yorkers has added to the growing economy and cultural vibrancy of the city. But few people have a complete picture of what life is like for Asian Americans in New York. At a glance, it is hard to see whether the New York City glass is half-full or half-empty for Asian American families. There are Asian New Yorkers who are well to do, but many live in poverty. Some are among the city's best educated, and yet a startling number are illiterate. While many Asians have adapted well to life in New York, so many others remain isolated and struggling to survive.

The Coalition for Asian American Children and Families commissioned this report to present a clearer picture of the need for health care, child care, and youth programs in the Asian American community. This report is the result of a six-month effort to gather much of the existing data about the city's Asian American families – who they are, where they live, and how they are faring.

Across the United States and in New York City, Asian Americans are found on opposite ends of the spectrum. Common misconceptions characterize all Asian Americans as well-to-do and highly educated. In reality, Asian American ethnic groups are generally divided into "have" and "have-nots." For the Asian American children whose families are among the invisible "have-nots," the glass is half-empty. In New York City, 47.7 percent of Asian American children are born into poor or near poor families (1). In the city's public high schools, one out of three Asian Americans students do not graduate with their class (2). Rates of depression are reported by providers to be high, and suicide is the third highest cause of death among Asian American young people aged 15 to 24 (3). Arrests among Asian American youth have increased far beyond increases in rates for other youth (4).

This report still has many gaps because very little local data is available on Asian Americans, particularly children. Asian Americans are frequently not included in research and data collection. When they are, the results are normally lumped into one undifferentiated group. Differences between the Asian ethnic groups can be sizable, yet available data is often aggregated.

Only a few local agencies manage to separate Asians into a handful of subgroups, and these are usually inconsistent from agency to agency. The national census gathers data every 10 years about 11 subgroups of Asians,[1] but even the census cannot fully describe the human service, educational, health care, and other needs and characteristics of this growing population. In addition, the data often do not differentiate between foreign-born and U.S.-born Asian Americans.

This report is a small step toward generating greater recognition of the breadth, complexity, and sheer magnitude of Asian New York – especially among policy makers and officials. While an exhaustive examination of Asian New York is beyond our scope, this report makes a case for Asian Americans to receive a fairer share of service dollars, more culturally and linguistically competent services, and better data collection and analysis. With nearly one-tenth of our city's population now defining itself as Asian American, the time has long since arrived for government officials to reconsider the way they serve New York City's communities.

Demographic Overview

Asian Americans are the fastest growing segment of New York City's population. From 1980 to 1996, the number of Asians in New York City increased 162 percent to nearly 630,000 (5). Yet health and human service systems have failed to keep up with the specific linguistic, cultural, and geographic needs that the growing Asian population present. Despite the fact that Asians make up approximately one-tenth of the city's population in

1 *The census subgroups for Asians are Chinese, Japanese, Filipino, Vietnamese, Cambodian, Hmong, Asian Indian, Korean, Laotian, Thai, and other Asian. There are nine additional subgroups for Pacific Islanders.*

***ASIAN AMERICANS** ARE THE FASTEST GROWING SEGMENT OF NEW YORK CITY'S POPULATION. YET HEALTH AND HUMAN SERVICE SYSTEMS HAVE FAILED TO KEEP UP WITH THE SPECIFIC LINGUISTIC, CULTURAL, AND GEOGRAPHIC NEEDS THAT THE GROWING ASIAN POPULATION PRESENT.*

1999, there has been few systematic attempts to serve the needs of Asian communities.

Nationally, the Asian Pacific Islander American population includes more than 30 distinct subgroups, with many more languages and dialects (6). Most of these groups and dialects are present in New York City, but this report focuses on the largest Asian ethnic groups in the city because most of the other ethnic groups are too small to be separated out of the available statistics. The four largest Asian ethnic groups in the city are Chinese, South Asian, Korean, and Filipino. In percentage terms, the fastest growing groups are South Asians and Koreans (5).

While some Asian Americans have been in New York for generations, the vast majority, 96 percent of the city's Asian Americans, are immigrants or children of immigrants (5). Almost four out of five Asian Americans in the city are foreign-born. Because immigrant families bring traditions and beliefs from their home countries, it is vital that health and human services take appropriate steps to becoming culturally competent.

Over half of all Asian New Yorkers live in Queens and 40 percent live in Brooklyn and Manhattan (5). Most Asian New Yorkers are concentrated in nine community districts which are mostly low- to moderate-income communities.[2] These communities have very limited resources to serve Asian Amerıçan families. Outreach on available programs and better investment in Asian-run community-based organizations are needed.

The level of poverty among Asian New Yorkers is hidden by commonly used statistics which do not reflect the bimodal incomes found in the diverse Asian community, nor the typical Asian household. Because Asians tend to be concentrated on either end of income levels, income statistics for Asians based on averages tend to conceal the many families living in poverty. Asians' average household income is second only to whites among all major racial and ethnic categories in the city. However, Asians also have larger households and often include more than one wage earner. Thus, their per capita income is well below that of whites and much closer to that of African Americans. Asians are far more likely to be working than other ethnic groups, but many Asians work 10 to 12 hour days, six or seven days a week, in labor and service industries where they barely earn minimum wage. More than one out of six Asian American households live in poverty yet only a third of those who appear eligible actually receive public assistance. Additionally, Asian New Yorkers live in the most overcrowded housing and pay the highest rents (5).

The ability to speak and read in English is a significant hurdle for a large percentage of Asian New Yorkers. One out of five Asian children in the public school system has limited English proficiency (7). For those who cannot easily negotiate systems in English, finding the services their children need is extremely difficult.

Health Care

Access to health care for Asian Americans is restricted due to linguistic and cultural barriers, inadequate insurance or subsidized care, and limited community outreach and education about services.

Asian Americans are often faced with physicians and other health care providers who are not fluent in Asian languages or are not familiar with the cultural health beliefs of Asian ethnic groups. In addition, use of care and health outcomes can be dependent on the providers' understanding of the particular histories of immigrants. Asian immigrants and their children have health-related histories specific to their home countries, such as disease exposure (e.g., hepatitis B or tuberculosis), cultural norms (e.g., high smoking rates), or mental health concerns (e.g., post-traumatic stress disorder from war). Asian families, especially recent immigrants, often suffer extreme stress, anxiety, and depression, but, anecdotally, service providers report that Asian Americans under-utilize mental health facilities.

Many Asian children of low and moderate-income families are reported to have no health care insurance, although local data is not available by race/ethnicity. Asians had the highest percentage of births that were identified as "self-paid" – in other words, uninsured (1). Many newly arrived immigrant families may be unfamiliar with the concept of health insurance, unaware of the subsidized coverage available, or unsure of the eligibility

2 *Elmhurst/Corona, Flushing/Whitestone, Astoria, Woodside, Hillcrest/Fresh Meadows, Forest Hills/Rego Park, Sunset Park, Bensonhurst, Lower East Side/Chinatown.*

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A large majority of Asian children living in New York are either immigrants or children of recent immigrants. Their educational and developmental needs are unique, given the stress of cultural adaptation. Issues of poverty and intergenerational conflict also challenge their households.

guidelines. For example, without sufficient outreach to the Asian community for Child Health Plus, the state's subsidized health care program for low income families, many eligible children will never be enrolled.

Child care

Child care resources are critically scarce throughout the city for all working parents. This crisis falls particularly hard on the Asian New Yorker. With two and three adults in a household working in industries with low wages and long hours, affordable child care is a necessity.

Asian Americans face very long waits for affordable, quality child care slots. In Manhattan, where services do exist for at least the Chinese community, waiting lists can be up to 400 names long. Many Asian parents take advantage of grandparents or extended family to care for children, but many others do not have non-working relatives available. With limited options, parents often resort to working alternate shifts to care for their children – or they take their children to work alongside them on the factory floor.

There is an extreme shortage of subsidized child care in outer boroughs where most Asian New Yorkers live. For example, there are only 378 subsidized child care slots and no Head Start program in Flushing, Queens, where one-third of the district has household incomes below $25,000 (5,8).

Language is also a barrier to finding appropriate child care. Only in Chinatown and the Lower East Side are there a large number of group and family child care programs with Asian speaking staff members, but nearly all these staff speak only Chinese dialects. Many people in the Vietnamese, Korean, Filipino, Indian, and other Asian communities do not even know they are eligible for subsidized care.

Youth Programs

The number of Asian American children is growing rapidly from year to year. A large majority of Asian children living in New York are either immigrants or children of recent immigrants. Their educational and developmental needs are unique, given the stress of cultural adaptation. Issues of poverty and intergenerational conflict also challenge their households.

Asian immigrant parents tend to work long hours and retain close ties to peers from their home countries. As parents grow emotionally distant from their Americanized children, stress and conflict in the family can increase. Knowing that education offers their children the key to avoid the exhausting labor they must perform, many Asian parents stress academic achievement. But pressure to focus intensely on academics and to serve the family often conflicts with an adolescent's American outlook on life.

While popular culture may paint Asian American students uniformly as academic high achievers, the reality is that more than one-third of Asian American children in New York City's public high schools fail to graduate with their class (2). The number of Asian youths arrested for major criminal activities in New York City increased 38 percent from 1993 to 1996 (4). Clearly, not all Asian American young people are model students.

Despite all these troubles, there is a very severe shortage of social, recreational and counseling programs designed with Asian American youth's specific needs and interests in mind. Between 1993 and 1996, the Asian youth population dramatically jumped in size, but per capita funds for all youth service programs citywide were reduced nearly 50 percent. There are only a handful of youth-oriented programs specifically designed to serve Asian youth, and they have limited capacity and funding.

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Recommendations

The diversity and the rapid growth of the Asian American community are a major challenge to the policy makers, service providers, and community leaders. The Coalition for Asian American Children and Families recommends the following to elected officials, public administrators, and social service directors.

► **Improve the measurement of the status of Asian American children.** Without understanding the needs of 10 percent of the population, policy makers cannot properly allocate resources. Race/ethnicity categories and data collection must be standardized to include Asian American as a whole and, when feasible, individual Asian ethnic groups. Research and tracking of key indicators for Asian children's well being should be encouraged. Research is also needed to examine differences between Asian ethnic groups and between foreign-born and U.S.-born Asian Americans.

► **Review current allocation of resources and modify health and human service spending to match the growing Asian American population.** The city's health and human service systems have neither kept up with the phenomenal growth of the Asian American population nor accounted for the language and cultural diversity. Although 10 percent of the population, the Asian American community receives only one percent of the city's service delivery dollars (9). Government health and human service agencies should commit to a more equitable distribution of human service resources, using 10 percent as a goal. Specifically, more linguistically appropriate child care, youth services, and medical services should be available for Asian New Yorkers. These services should be designed with representatives from the different Asian ethnic communities involved in all levels of decision-making to take cultural values and beliefs into account. Asian neighborhoods should receive significant funding for community-based services and pilot programs.

► **Design outreach to be geographically, linguistically and culturally accessible for Asian Americans.** City and not-for-profit services should have budgets for translating materials into Asian languages. Interpretors should be available at service sites that are within the community. Service providers in all fields should receive training in cultural competency. Public awareness campaigns, such as those on domestic violence, childhood immunizations, or prenatal nutrition, must include the Asian ethnic media, Asian neighborhoods, Asian community centers, etc.

► **Commit to supporting the healthy development of all children, including immigrants.** Recent welfare and immigration laws have limited many immigrant families' eligibility for health care, food stamps, and other benefits. In accordance with its constitutional mandate to care for the needy, New York State should continue to provide benefits for low-income immigrant families when the well being of their children is at stake, regardless of whether family members are documented or undocumented. Preventive services, in particular, promote overall child public health and ensure a child's ability to become a productive member of society. Access to such services should not be circumscribed based on residency status.

► **Increase the number of Asians in decision making positions.** Representation is necessary to ensure that Asian perspectives are included in policy making, programming, funding and research. Currently in New York State, there are no elected officials of Asian ethnicity beyond the community school board level. Therefore, it is even more crucial that legislators and other decision makers commit to including Asian Americans on their staffs and promote eligible Asian Americans to decision making positions to ensure that the concerns of Asian New Yorkers are heard.

► **Create mechanisms and programs to develop political leadership in the Asian American community.** Increased participation of community leaders in all of the above recommendations will depend on cultivating civic awareness and community decision-making in the Asian American community. Leaders from community organizations such as health and social service agencies, faith-based organizations, business associations, and others should be included in research and resource allocation for the community. Programs for youth should encourage leadership and advocacy skills so that the next generation of Asian Americans will be prepared to speak out for their communities. ■

I. DEMOGRAPHICS: ASIAN AMERICANS AND THE NEW CITY

The population of New York City, one of the nation's – and the world's – leading centers of immigration, is constantly shifting and diversifying, subject to changes in the global economy, international relations, national politics, and local social forces. Behind these immigration trends are people with unique historical and cultural contexts. It is imperative that program planners, policy makers, funders, and others who want to make effective decisions for children and adolescents understand the changing demographics and the contexts which drive them.

Today, New York City is more racially and ethnically diverse than ever (Table 1). A growing number of Asian, Latin, and Caribbean immigrants are arriving and making their homes here. By 1996, more than one-third of the city's residents were foreign-born. Immigrants together with their U.S.-born children accounted for nearly three-fifths of the city's population. Among the heads of Asian households, approximately four-fifths were foreign-born (5).

TABLE 1 NEW YORK CITY POPULATION BY RACE/ETHNICITY, 1996

	TOTAL POPULATION	% OF CITY POPULATION
ASIAN	627,176	8.67 %
WHITE	2,768,428	38.29 %
BLACK	1,886,042	26.08 %
HISPANIC	1,811,738	25.06 %
OTHER/UNKNOWN	137,093	1.90 %
ALL	**7,230,477**	**100.00 %**

Source: Housing and Vacancy Survey (HVS) 1996

The most dramatic increase in percentage growth of all major racial and ethnic groups in the city is among Asians (Table 2). Large-scale Asian immigration was only possible following 1965 immigration law reforms, which ended quotas favoring European immigration. Additional legislative changes in 1990 further facilitated Asian immigration.[1] By 1996, there were 627,176 Asian New Yorkers,[2] according to the U.S. Census Bureau's 1996 Housing and Vacancy Survey (HVS). The Asian population increased 28 percent since 1990 and 162 percent increase since 1980. Based on this rate of growth, today an estimated 10 percent of New Yorkers are Asian American.[3]

In 1996, almost a quarter-million Chinese lived in the city, forming the largest segment of New York's Asian population.[4] The next largest Asian group was South Asians, made up of Indians, Bangladeshis and Pakistanis. Another rapidly growing group was the Koreans, whose population in New York increased three-fold from 1980 to 1990. Today, Koreans are the third largest Asian ethnic group, followed by Filipinos. Of course, other countries have also contributed to the growth of New York City's Asian population. Vietnamese, Japanese, Malaysians, Thais, Indonesians, Sri Lankans, Burmese, and Cambodians all form small but significant communities (11).

1 *See Appendix 1 for more information on immigration law and patterns.*

2 *"New York" is used to refer to New York City throughout this report, unless otherwise specified. "New Yorkers" refers to residents of New York City.*

3 *Because the overwhelming majority of Asians surveyed in the 1996 Housing and Vacancy Survey were immigrants, data here do not differentiate between US-born and foreign-born Asians.*

4 *According to a recent report published by the Urban Institute, about 84 percent of all immigrants to New York State are documented. If the analysis is correct, it is safe to assume that the federal Immigration and Naturalization Service data used by Department of City Planning reflect a fairly accurate picture of recent immigration trends (10).*

TABLE 2 ASIANS BY PERCENTAGE OF CITY POPULATION, 1980-1996

	% OF CITY POPULATION WHO ARE ASIAN
1980	3.38 %
1990	6.69 %
1993	7.16%
1996	8.67 %

Source: 1980 and 1990 U.S. Census; 1993 and 1996 HVS

Effective planning for children and youth services must take into account the rapidly growing and diverse Asian community. Policy makers and agency planners should seek to educate themselves on the different Asian ethnic groups in New York in order to make informed decisions and wise use of resources. There is no single way to plan a program for all Asians; for example, a program for Chinese will not necessarily be appropriate for Asian Indians. In addition, the percentage of new immigrants in any one community is important for planners to note, because barriers due to acculturation, language, culture, and general lack of understanding about U.S. laws and services can cause a well-meaning program to fail.

Young People Among Asian New Yorkers

Services for children and youth are of key importance in the Asian American community because almost one-quarter of the Asian American population in New York City is under age 18 (Table 3). The high number of Asian Americans under age 18 is due in part to the number of immigrants who are children, the number of immigrant adults who are of reproductive age, and the relatively high birth rate among Asian New Yorkers.

TABLE 3 NUMBER OF PERSONS UNDER AGE 18 IN NEW YORK CITY, BY RACE/ETHNICITY, 1996

	PERSONS UNDER AGE 18	% OF GROUP POPULATION
SOUTH ASIAN*	50,518	28.5 %
CHINESE	48,751	19.7 %
KOREAN	15,791	22.4 %
FILIPINO	11,244	23.7 %
VIETNAMESE	2,467	16.7 %
OTHER ASIAN**	17,679	25.5 %
ASIAN	146,450	23.4 %
WHITE	470,540	17.0
HISPANIC***	565,598	31.2
BLACK	601,461	31.9
TOTAL NYC	**1,811,225**	**25.0%**

Source: 1980 and 1990 U.S. Census; 1993 and 1996 HVS
** Includes Indians, Pakistanis, and Bangladeshis in this and other tables derived from HVS data*
*** Includes Japanese, Thai, and others*
**** For this report, "Hispanic" is used as a separate race/ethnicity in order to compare data with previous years.*

The Asian American population has a large number of youth who are immigrants (Table 4). For example, not only does the city's South Asian population have a significantly higher percentage of children under the age of 18 than other Asian ethnic groups and whites, but national groups that comprise the South Asian community also have very high numbers of children who are immigrants. Young immigrants are a population that has a particular need for specialized services due to language barriers, varying degrees of formal education in their home country, and strong contrasts between their home culture and American culture. Older adolescent immigrants also face challenges when transitioning from school to work, because they may lack the necessary documentation to be employed.

TABLE 4 **PERCENTAGE OF IMMIGRANTS FROM ASIAN COUNTRIES ARRIVING IN NYC UNDER AGE 18, BY ETHNICITY, 1990-1994**

	% OF IMMIGRANTS FROM EACH ETHNIC GROUP UNDER AGE 18
PAKISTANI	34.1 %
BANGLADESHI	28.6 %
VIETNAMESE	26.2 %
INDIAN	25.4 %
KOREAN	23 %
FILIPINO	23 %
CHINESE	10.6 %

Source: NYC Department of City Planning (DCP), 1996
Note: People of Asian ethnic background arriving from countries other than their ancestral ones, such as ethnic Chinese from Malaysia, or ethnic Asian Indians from Guyana, are not included in these percentages.

In addition to a high number of children immigrants, many adults who immigrate are between the ages of 25 and 44, the prime child bearing years (11). In general, Asian New Yorkers have a higher birth rate than African Americans and whites, although not as high as Hispanics (1). It is therefore reasonable to expect a substantial increase in the number of U.S. born children of immigrants.

TABLE 5 **BIRTH RATES BY RACE/ETHNICITY IN NYC, 1996**

	BIRTHS PER 1,000 POPULATION
FILIPINO	22.9
CHINESE	18.3
KOREAN	15.0
ASIAN	20.4
BLACK	18.5
WHITE	13.4
HISPANIC	22.7
TOTAL NYC	**17.3**

Source: NYC Department of Health (DOH) Summary of Vital Statistics 1996; HVS 1996.
Note: South Asian rate could not be determined because U.S. Census Bureau and NYC DOH define the catagory differently.

The high percentage of children under age 18 in the Asian population indicates a particular need for providing sufficient school capacity, child care, and after school activities in Asian neighborhoods. As youth organizations and city and state youth funding agencies allocate resources, they should take into consideration that children of immigrants born here are citizens, and the majority of children who immigrate will become citizens. Investing in these children's safety, education, and healthy development makes societal and economic sense.

Income and Employment

Recent data collected by the federal Census Bureau for the city's triennial Housing and Vacancy Survey (HVS) give a snapshot of the city's population in terms of housing, income, and employment. The information from the 1996 HVS provides valuable insight into the status of Asian New Yorkers, especially in relation to the rest of the city's population.

However, there are two points to note. First, because of incomplete responses to questions regarding income levels, the Census Bureau projected income data based on level of education and occupation. Since many Asian immigrants are under-employed and working in low wage

jobs, often despite having been professionals in their country of origin, the survey's extrapolated income levels may be over-reported. For example, a man who reported being trained as a teacher in his country of origin and does not provide his income on the HVS will have his income projected at an average teacher's salary, even if the man is currently working at a newspaper stand. Second, some ethnic groups are so under-represented in the survey that their characteristics are especially unclear. In particular, Filipino and Vietnamese data are valid for reflecting general group differences, but the specific figures may not be as accurate as for other national groups because of inadequate sample size.[5]

Employment, Poverty, and Income

Poverty is associated with poor health outcomes and threatens family functioning, among other effects. While many Asian Americans have attained financial success, many others, particularly new immigrants, struggle for economic survival. At first glance, Asian New Yorkers as a whole seem to be economically healthy. They have high rates of employment and appear to have high household incomes with low use of public assistance when compared to other race/ethnic groups. However, these statistics do not give a true picture of the whole community. Households with high numbers of occupants, which are common among Asian New Yorkers, obscure low individual incomes. Low use of public assistance may reflect inaccessibility of services as opposed to a lack of need.

Asians are far more likely to be participating in the labor force and to be employed than are members of any other racial or ethnic group (Table 6). Four-fifths of the heads of Asian families are in the labor force, compared to about three-fifths of all the other major ethnic groups (5). Among the Asian ethnic groups, Chinese had the lowest percentage of adults in the labor force. This may be due in part to the larger number of elderly in the Chinese population. The Chinese have had a sizable community in the city for longer than other Asian ethnic groups, who as a whole are more recently arrived.

TABLE 6 **PERCENT OF PERSONS AGED 18 AND OVER IN THE LABOR FORCE, BY RACE/ETHNICITY, NYC, 1996**

	IN LABOR FORCE	UNEMPLOYED
CHINESE	64.9 %	5.0 %
FILIPINO*	73.9 %	4.1 %
KOREAN	73.4 %	5.3 %
VIETNAMESE*	69.2 %	2.6 %
SOUTH ASIAN	67.7 %	6.8 %
OTHER ASIAN	69.2 %	5.3 %
ASIAN	67.9 %	5.4 %
BLACK	61.0 %	12.9 %
WHITE	60.8 %	6.1 %
HISPANIC	58.2 %	12.6 %

Source: HVS 1996.
**Filipino and Vietnamese data reflect general group differences, but the specific figures may not be as accurate as for other national groups because of inadequate sample size (see Appendix 2).*
Note: Total NYC data is not always available from the set of data used to generate Asian data (see Appendix 2).

[5] *For further discussion, see Appendix 2.*

Asian American households usually include more than one wage-earner, so household incomes are relatively high for some groups of Asian New Yorkers. Even so, approximately 32.5 percent of Asian New Yorker households have annual incomes below $25,000 (Table 7).

However, because Asians on average live in larger households than any other broad racial or ethnic group in New York, looking at individuals gives a better picture of income. When the median individual income for adults, as opposed to household income, is examined, nearly all Asian ethnic groups appear considerably less well-off (Table 8).

TABLE 7 **MEDIAN HOUSEHOLD INCOME, BY RACE/ETHNICITY, NYC, 1996**

	MEDIAN HOUSEHOLD INCOME
CHINESE	$30,100
FILIPINO	$60,000
KOREAN	$32,400
VIETNAMESE	$23,000
SOUTH ASIAN	$33,800
OTHER ASIAN	$33,200
ASIAN	$33,000
WHITE	$35,800
BLACK	$23,000
HISPANIC	$17,000

Source: HVS 1996

TABLE 8 **MEDIAN INDIVIDUAL INCOME FOR PERSONS AGED 18 AND OVER, BY RACE/ETHNICITY, NYC, 1996**

	MEDIAN INDIVIDUAL INCOME
FILIPINO[6]	$30,000
KOREAN	$20,000
VIETNAMESE	$20,000
SOUTH ASIAN	$17,000
CHINESE	$15,300
OTHER ASIAN	$22,800
ASIAN	$19,000
WHITE	$24,800
BLACK	$18,000
HISPANIC	$12,000

Source: HVS 1996

6. It should be noted that although Filipinos appear to have greater financial success than other Asian ethnic groups, the HVS sample size of this ethnic group limits the reliability of income data. In addition, Filipino children face challenges, such as acculturation barriers, as other Asian American children do. This is an example of the need for more ethnic-specific research in terms of youth needs.

The 1990 Census determined that 36.4 percent of Asians below age 18 were living in poverty in New York City (12). In New York, 34,386 Asian households have annual incomes below the federal poverty line[7] according to the HVS (Table 9). Chinese and Vietnamese populations have the highest percentage of households living below the poverty line. Vietnamese in particular have high numbers of refugees, who face greater barriers to educational and economic success than immigrants who are not refugees.

The low income of many Asian New York households would suggest that they are eligible for at least some benefits such as cash assistance, food stamps, or Medicaid. However, the percentage of Asians receiving benefits remains much lower that the percentage of Asians living in or near poverty (Table 10). While there is sometimes cultural reluctance toward accepting public assistance, particularly cash assistance, among some Asian communities, it is also possible that low utilization rates reflect inaccessibility. First, law restricts recent immigrants' access to public assistance. In addition, language barriers and a general lack of knowledge among some communities about government-run social support programs also complicate participation or applications procedures. While all immigrant groups face similar barriers, language may be a barrier for Asians in particular. For example, educational materials or hotline services are more likely to be available in Spanish than in Bengali.

Assistance programs are designed to provide support to at-risk families, for example through increasing health care coverage or nutritional support. Although most Asians share a well-developed determination to work and support their own families, crises such as loss of employment, illness, or a family member's death can happen to anyone. While increasing the number of Asian Americans on welfare roles or receiving food stamps is not a goal unto itself, a rate of participation that reflects the percentage living in poverty may indicate that families in need are able to find temporary support in order to regain their economic footing. Many Asian American families unnecessarily face hunger, illness, and the stress of poverty because of access barriers. Increasing knowledge about the existence of these programs, facilitating the application process, and otherwise improving access is a necessary, though daunting, process, especially for those with limited English ability.

7 *The federal poverty line was $15,796 for a family of three in 1997.*

TABLE 9 **PERCENT OF NYC HOUSEHOLDS WITH INCOMES BELOW THE POVERTY LINE, BY RACE/ETHNICITY, 1996**

	% BELOW POVERTY LINE
VIETNAMESE	42.2 %
CHINESE	23.6 %
KOREAN	19.9 %
SOUTH ASIAN	14.2 %
FILIPINO	4.8 %
OTHER ASIAN	12.2 %
ASIAN	17.6%
WHITE	13.8%
BLACK	30.6%
HISPANIC	40.0%

Source: HVS 1996.

TABLE 10 **PERCENT OF NYC HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE,* BY RACE/ETHNICITY, 1996**

	% RECEIVING PUBLIC ASSISTANCE
VIETNAMESE	11.4 %
CHINESE	7.7 %
KOREAN	5.6 %
SOUTH ASIAN	8.2 %
FILIPINO	5.6 %
OTHER ASIAN	5.7 %
ASIAN	7.2%
WHITE	8.3%
BLACK	26.4%
HISPANIC	35.9%
TOTAL NYC	**19.2%**

Source: HVS 1996.
** Category in HVS includes "Supplemental Security Income," "Assistance to Families with Dependent Children," "Home Relief," and "Other."*

Housing

Asians live in the most overcrowded housing of any broadly defined ethnic or racial group in New York City (Table 11). Nearly one-fifth of all Asian households in the city are overcrowded.* South Asians live in the most overcrowded housing of all; more than one-quarter of South Asian-headed households in New York have more than one person per room. By comparison, only one in 11 African American households, and one in 25 white households live in such tight quarters.

TABLE 11 PERCENTAGE OF OVERCROWDED HOUSEHOLDS, BY RACE/ETHNICITY, NYC, 1996

	% OVERCROWDED HOUSEHOLDS
ASIAN	18.3%
BLACK	9.1%
WHITE	3.6%
HISPANIC	14.1 %

Source: HUS 1996

TABLE 12 PERCENT OF HEADS OF HOUSEHOLDS OWNING HOME, BY RACE/ETHNICITY, NYC, 1996

	% HEADS OF HOUSEHOLDS WHO OWN HOME
CHINESE	37.7 %
FILIPINO	42.4 %
KOREAN	23.3 %
VIETNAMESE	20.3 %
SOUTH ASIAN	25.7 %
ASIAN	31.7 %
BLACK	25.1 %
WHITE	40.3 %
HISPANIC	12.9 %

Source: HUS 1996

Foreign-born Asian renters pay the highest median rents in New York City of any broadly defined ethnic or racial group. The median rent (excluding utilities) for foreign-born Asians in 1996 was $670. Foreign-born African Americans paid a median rent of $600, native-born African Americans, $495, foreign-born whites, $600, and native-born whites, $650. Puerto Rican households pay the lowest median rents, $433 for those born on the island and $502 for those born in the states (5). This is in part because a far smaller percentage of Asians live in rent regulated housing compared to other groups.

Filipinos and Chinese are more likely to own their own homes than other Asian New Yorkers (Table 12). Koreans and South Asians are less likely to own their own homes, perhaps due in part to the fact that these two ethnic groups have higher numbers of recently arrived immigrants. It is probable that U.S.-born Asians are more likely to own a home than foreign-born Asians. Vietnamese have the lowest home ownership rate, most likely a reflection of their lower income level.

Newly arrived immigrants generally need to share quarters, due to low individual incomes. In addition, many Asian immigrant households include extended families, distant relatives, or even unrelated acquaintances from a hometown or village. However, while Asian cultures have traditionally encouraged extended households, it cannot be assumed that all Asian American families are content to live in highly crowded housing. A household with a large number of residents may have been acceptable in a country of origin, but in small city apartments, this living arrangement may be less suitable. There are many anecdotal reports of Asian American families living six in one room, eight in two rooms, etc. Furthermore, it is also important to note that these data do not comment on the quality of housing. Poor quality, highly crowded homes, and high rents can increase the financial and social strain on Asian American families, which in turn threaten a child's healthy development.

* *Defined as more than one person per room (not including bathrooms, hallways and attics)*

TABLE 13 EDUCATIONAL ATTAINMENT OF PERSONS AGE 25 OR OLDER, BY RACE/ETHNICITY, NYC, 1996

	% NOT ACHIEVING HIGH SCHOOL DEGREE	% HIGH SCHOOL GRAD OR SOME COLLEGE	% COLLEGE GRADUATE OR HIGHER
ASIAN	23.9 %	40.0 %	36.1 %
WHITE	15.3 %	45.9 %	38.8 %
BLACK	24.9 %	56.6 %	18.5 %
HISPANIC	41.9 %	45.9 %	12.2 %
TOTAL NYC	**24.6 %**	**47.9 %**	**27.5 %**

Source: HUS 1996

Education and Linguistic Isolation

In New York City, Asian Americans are represented at both ends of the spectrum of educational attainment. While 36.1 percent of Asians age 25 and over have at least a college degree, 23.9 percent did not complete high school (Table 13).

Understanding English – and thus gaining greater access to services, resources, and local institutions – is a significant hurdle for a large percentage of foreign-born Asian New Yorkers of all ages, particularly for recent arrivals from overseas. For example, at least one-third of the city's Chinese population arrived here after 1989 (11). Many arrived with little or no knowledge of English. A total of 45.7 percent of New York City Asian households were deemed to be linguistically isolated in 1990.[9] There appears to be no local data available on literacy in English and in native languages for Asian American adults.

The 1990 Census found that in Queens, 33 percent of Asian American children aged 5 to 13 spoke only an Asian language and were therefore linguistically isolated. By the time children reach their middle adolescent years, many have learned English. Of children aged 14 to 17, for example, the 1990 Census found that the segment that spoke only an Asian language had dropped to 16.7 percent.

According to the Board of Education, there were 23,207 children with limited English proficiency from five major Asian ethnic groups enrolled in the city's public schools during the 1995-1996 school year (Table 14). That amounts to about 21.6 percent of all the Asian children enrolled and does not include several smaller national groups of Asian children.

TABLE 14 FIRST LANGUAGE OF CHILDREN FROM FIVE ASIAN ETHNIC GROUPS IN PUBLIC SCHOOLS WITH HIGHEST RATES OF LIMITED ENGLISH PROFICIENCY, NYC, 1995-1996

LANGUAGE	NUMBER OF CHILDREN
CHINESE*	13,952
BENGALI	2,986
KOREAN	2,866
URDU	2,122
PUNJABI	1,281

Source: 1995-96 Annual Bilingual Education Student Information Survey Report, NYC Board of Education
** Dialect not specified*

[9] *For a household, linguistic isolation means that no one over 14 speaks English "very well."*

However, community leaders suggest that since the 1990 Census, the pattern of immigration has changed. There are more immigrants with older children who do not have as many years left in school to master English as younger immigrants. Also, based on anecdotal reports, many recent Asian immigrants, particularly those from very poor and rural backgrounds, are not able to read or write even in their native language. There is an important need for adequate survey data in this area.

Changes in immigration are creating a severe strain on the public education system as it tries to cope with students having difficulty learning English. The problem is exacerbated by the extreme shortage of Asian American public school administrators, teachers, and guidance counselors. Although 10.3 percent of the student body is Asian American, only one percent of principals/assistant principals and 2.5 percent of teachers are Asian American (13). There are only 54 Asian American guidance counselors in the city's public schools (14). The low number of Asian Americans can lead to linguistic and cultural miscommunications between faculty, staff, students, and parents. In addition, students have few Asian American role models in their schools.

New York's Asian Neighborhoods

Newly arrived immigrants tend to establish their homes close to others of similar ethnicity or nationality. The 1996 HVS as well as early-1990s immigration data and the 1990 Census describe very focused settlement patterns among most Asians. The dramatic growth of New York's Asian population in recent years has occurred almost exclusively in Queens and Brooklyn.

TABLE 15 **NUMBER OF ASIAN RESIDENTS BY BOROUGH, 1980, 1990, 1996**

	1980	1990	1996	INCREASE 1980-1996	INCREASE 1990-1996
BRONX	16,617	31,210	32,612	**96.3%**	4.5%
BROOKLYN	44,911	106,022	140,040	**211.8%**	32.1%
MANHATTAN	74,096	106,306	111,131	**50.0%**	4.5%
QUEENS	96,653	229,830	326,336	**237.6%**	42.0%
STATEN ISLAND	7,061	16,483	17,037	**141.3%**	3.4%
TOTAL	**239,338**	**489,851**	**627,176**	**162.0%**	**28.0%**

Source: 1980 and 1990 Census; HVS 1996

Nearly half of all Asian New Yorkers live in Queens, comprising about 17 percent of the people living in that borough (Table 15). Queens is the most popular borough for residence among all the largest Asian ethnic groups (Table 16). The largest plurality of Chinese live in Queens (37.8 percent). Sixty-three percent of South Asians, 65 percent of Filipinos, 72 percent of Koreans, 43 percent of Vietnamese, and 48 percent of other Asians in the city reside in Queens (5).

Although Manhattan's Chinatown is an important business and social center for Chinese New Yorkers, only 26.4 percent of Chinese make their home there. Thirty-two percent of Chinese live in Brooklyn (5).

The nine districts citywide with the greatest numbers of Asians are nearly all low- to moderate-income communities (Table 17).[19] The one exception is Forest Hills/Rego Park, which has relatively high average incomes. However, this district

[19] *With data documenting the social needs and characteristics of Asian New Yorkers so hard to find, one of the few methods of assessing their status is to look at the neighborhoods where immigrants have made their homes. After the borough, the next divisions in the political-geographic ladder in New York City are the 59 community districts. Unfortunately, the HVS does not include a large enough sample to provide adequate data about the Asian populations in individual community districts. Therefore, in order to determine which neighborhoods have the highest density of Asian residents, we have to combine 1990 Census data with immigration data analyzed by the Department of City Planning (see Appendix 3).*

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TABLE 16 NUMBER OF ASIAN RESIDENTS BY BOROUGH AND NATIONAL ORIGIN, 1996

	CHINESE	FILIPINO	KOREAN	VIETNAMESE	S. ASIAN	OTHER
BRONX	3,770	1,280	3,818	2,695	16,907	4,142
BROOKLYN	80,515	5,607	6,972	3,860	32,250	10,855
MANHATTAN	65,362	6,471	7,241	1,858	9,755	20,444
QUEENS	93,269	30,752	50,790	6,384	111,804	33,338
STATEN ISLAND	4,457	3,301	1,801	0	6,837	641
TOTAL	**247,373**	**47,411**	**70,622**	**14,797**	**177,553**	**69,420**

Source: 1980 and 1990 Census, HUS 1996

TABLE 17 CHARACTERISTICS OF COMMUNITY DISTRICTS WITH LARGE ASIAN POPULATIONS, 1994

	# OF RESIDENTS AGE 18 AND UNDER, 1997	% BABIES BORN INTO POOR FAMILIES, 1996*
ELMHURST/CORONA **(Q4)**	30,053	65.2%
FLUSHING/WHITESTONE **(Q7)**	45,717	48.2%
ASTORIA **(Q1)**	34,378	59.5%
WOODSIDE **(Q2)**	20,978	61.1%
HILLCREST/FRESH MEADOWS **(Q8)**	27,311	41.2%
FOREST HILLS/REGO PARK **(Q6)**	14,960	28.4%
SUNSET PARK **(BK7)**	28,075	70.8%
BENSONHURST **(BK11)**	33,604	41.6%
LOWER EAST SIDE/CHINATOWN **(M3)**	34,722	70.0%

*Source: Citizens' Committee for Children of New York, 1999. * Percentage of births to women receiving Medicaid*

also encompasses several large low-income areas where immigrants have made their homes. On the other hand, the data for the other districts may include pockets of poverty, such as large public housing developments where few Asians have made their homes, and thus skew data in the other direction.

Far from being a uniformly successful minority group, the Asian American population in New York City faces the very real barriers of poverty, overcrowded housing, and limited English proficiency. As discussed later in this report, health care, child care, and youth services are scarce in the neighborhoods where Asian Americans are living. As we continue to examine the special issues facing Asian American children, it is important to keep in mind the context of their families and neighborhoods. ■

II. HEALTH CARE AND NEW YORK'S ASIAN FAMILIES

Asian American children face the same childhood illnesses that the general population does. In addition, Asian American children also have a handful of unique health problems. In both cases, linguistic and cultural barriers can undermine access to adequate care for the many Asian American children living in immigrant households.

Many Asian children in New York remain uninsured, although the exact number is not clear. While government-subsidized managed care coverage is available to children in New York State age 18 and under whose families are of low or moderate incomes, many immigrant parents are not aware of their children's eligibility. Managed care itself poses substantial barriers to accessing culturally competent and linguistically appropriate health care. Managed care companies employ limited numbers of culturally or linguistically competent staff to serve Asians, according to service providers contacted for this report.

Maternity Indicators

Most maternal and infant health indicators compiled by the city's Department of Health show that Asian children are as likely as white children to be born at a healthy birthweight (Table 18). However, data reveal important variations for different Asian ethnic groups.

Chinese and Koreans rank very well on scales of fetal and infant health. On the other hand, South Asians are more than twice as likely as Chinese mothers to give birth to low birthweight infants.[1] The differences between Asian ethnic groups may be due in part to factors such as Asian traditions of diet and care for women during pregnancy or foreign-born status of mothers.

Despite low levels of low birthweight babies, Asian mothers are about twice as likely as white mothers to receive no prenatal care or to receive it only in the third trimester of pregnancy (Table 19). More than 1,080 Asian mothers in New York City (8.5 percent of all live births to Asians) received prenatal care either late or not at all in 1996.

Asian women may receive late or no prenatal care because of low levels of insurance, lack of knowledge about subsidized care that is available through the Prenatal Care Assistance Program (PCAP), lack of recognition of the importance of early prenatal care, and limited numbers of bilingual/bicultural service providers. Immigrants in particular may not have used prenatal or early prenatal care for previous births in their country of origin and therefore might not see a need for seeking care for the current pregnancy. In addition, many Asian women working long hours in labor and service jobs may not be permitted to take time off for prenatal care visits during a clinic's office hours, or they may not be able to afford losing several hours worth of wages.

The number of births to Asian teen mothers in New

TABLE 18 LOW BIRTHWEIGHT BIRTHS BY RACE/ETHNICITY, NYC, 1996

	LOW BIRTHWEIGHT AS % OF LIVE BIRTHS
Chinese	4.5%
South Asian	9.3%
Korean	5.5%
Filipino	7.8%
Other Asian	7.0%
Asian	6.9%
White	6.8%
Black	12.2%
Hispanic	7.8%
NYC average	**8.6%**

Source: NYC DOHH Summary of Vital Statistics 1996

[1] *Low birthweight is less than 2500 grams. Low birthweight infants are at higher risk of medical complications at birth as well as chronic physical and mental disabilities.*

Notice of updated information:

On page 17 of *Half-Full or Half Empty?* reference is made to births to unmarried mothers. These data are from the New York City Department of Health's 1996 Summary of Vital Statistics.

In the 1997 Summary of Vital Statistics, received after *Half-Full or Half-Empty* was finalized for printing, we learned that the Department of Health had updated its method of counting births to unmarried women. Because local law prohibits recording a women's marital status on a report of birth, the number of births to unmarried women used to be computed using a formula based on a variety of other factors, including whether or not the father and mother's surnames matched in their mailing address.

In the revised method, the city no longer takes into account the comparison of surnames. Therefore, in the 1997 Summary of Vital Statistics, the revised percentages of births to unmarried mothers is as follows:

Ethnicity	**% Unmarried, if old method were used**	**% Unmarried, using new method**
Asian Pacific Islander	41.9	15.0
Hispanic	67.8	60.7
Other White	23.7	12.4
Other Black	73.1	67.4

This change in calculation is an excellent example of how data can be more accurate if analysis takes into account cultural differences. The drastic change in percentage of births to unmarried Asian women may be because in some Asian cultures, women do not traditionally take their husband's surname.

York is very low relative to other ethnic and racial groups. Less than one of every 100 births among Chinese and Korean New Yorkers was to a teen mother, and about one of every 59 births among Indians and Filipinos. These rates are lower than those found among most non-white ethnic groups, and far below the 1996 citywide average of one of every 10 births (1).

Almost a third of the Asian community's children are born to unmarried mothers (Table 20). This is much lower than the city's average but higher than for white mothers. Births to unmarried Asian women of all ages may be low due to strong cultural emphasis on traditional family structure with two parents. The emphasis to complete one's education as a responsibility to one's family may be one factor deterring teen births.

Improving levels of prenatal care will depend on outreach and education in the workplace and community; materials, presentations, and health care provided in Asian languages are indispensable to these efforts. The Asian American community will no doubt also benefit from greater awareness of subsidized assistance through Medicaid or PCAP. Health care providers should take into account Asian cultural traditions when making recommendations for a healthy pregnancy, particularly for recent immigrants and for women who had limited education or access to health care in their home country. For example, a woman may not follow nutritional recommendations if common Asian foods are not included in a prenatal nutrition brochure. Finally, the city's health department should gather and disseminate more birth outcomes by ethnicity to evaluate progress and needed intervention for the Asian American community. A healthy start on life is one of the most important factors for a child's future well-being.

TABLE 19 **MOTHERS WITH LIVE BIRTHS WHO RECEIVED LATE OR NO PRENATAL CARE, BY RACE/ETHNICITY, NYC, 1996**

	% MOTHERS WITH LATE OR NO PRENATAL CARE
CHINESE	4.7%
SOUTH ASIAN	8.8%
KOREAN	7.9%
FILIPINO	5.2%
OTHER ASIAN	10.9%
ASIAN	8.5%
WHITE	4.5%
BLACK	11.6%
HISPANIC	10.3%
NYC AVERAGE	**8.8%**

Source: NYC DOH Summary of Vital Statistics, 1996

TABLE 20 **LIVE BIRTHS TO MOTHERS NOT MARRIED, BY RACE/ETHNICITY, NYC, 1996**

	% LIVE BIRTHS, MOTHERS NOT MARRIED
CHINESE	29.5%
SOUTH ASIAN	37.4%
KOREAN	23.1%
FILIPINO	21.8%
OTHER ASIAN	31.2%
ASIAN	32.2%
WHITE	23.7%
BLACK	73.0%
HISPANIC	68.0%
NYC AVERAGE	**52.7%**

Source: NYC DOH Summary of Vital Statistics, 1996

Hepatitis and Tuberculosis

Two infectious diseases, hepatitis B and tuberculosis, are of particular concern to Asian American children because these diseases are endemic in some Asian countries.[2]

Hepatitis B is prevalent among Chinese immigrant children in New York. In 1997, 22 percent of the immigrant Chinese children tested by the Chinatown Health Clinic were found to be carriers of the hepatitis B virus (15). For Chinese children born in the United States, the carrier rate is about 1 percent. Yet even this rate is high compared to the national average, which is about one per every one thousand children (0.1 percent) (15).

From July to December 1997, there were 531 children born in New York City to women who tested positive for hepatitis B, according to the Department of Health's Bureau of Immunization. Sixty percent of these children (321) were Asian. More than four-fifths of the Asian cases were Chinese, while a small number were Korean and the remainder came from all over Asia, including South Asia and the Middle East (16).[2]

Many older children arrive in the United States already infected. The Chinatown Health Clinic has pursued a federal and state funded testing and vaccination program for four years focusing primarily on six high schools and intermediate schools in Lower Manhattan with large numbers of Chinese students. The program has vaccinated several thousand children, but the program will be shifting to a primarily older adolescent group in the coming years because new state guidelines will already be covering universal vaccination of eighth graders. While expanded funding for younger adolescents is welcome, there is some danger that new immigrants of high school age will no longer receive important immunizations.

Asian New Yorkers are also at very high risk for carrying the bacteria that causes tuberculosis.[3] Among active cases of TB, Asians have the highest rate of any broadly defined ethnic or racial group in the city espe-

TABLE 21 TUBERCULOSIS CASES BY RACE/ETHNICITY AND AGE, NYC, 1997

	AGE 0-19 (RATE PER 100,000)	ALL AGES (RATE PER 100,000)
ASIAN	33 (23.4)	342 (64.7)
BLACK	55 (9.3)	721 (39.0)
HISPANIC	42 (6.9)	483 (27.1)
WHITE	4 (*)	184 (5.6)
TOTAL NYC	**134 (7.1)**	**1,730 (23.6)**

Source: NYC DOH, Bureau of Tuberculosis Control
** Number of cases too small for a reliable rate*
Note: The rates in the above table compare actual 1997 cases with 1990 Census data.

[2] Hepatitis B is transmitted primarily through exposure to infected blood, through sexual contact, and during the birth process. Once a person tests positive, only a very aggressive and expensive series of alpha interferon injections can destroy the virus. Treatment is successful in only about one-third of cases. For those who do not receive this treatment or for whom it fails, there is a high risk of cirrhosis and liver cancer over the course of a lifetime.

[3] The city runs a high-intensity hepatitis B surveillance program with several Asian staff members who seek to identify and educate pregnant women carrying the virus. In order to avoid infection, their babies should be vaccinated within 24 hours of birth. Infants who are not immunized have a 90 percent chance of infection, according to the city's Bureau of Immunization. New York's program is the largest in the country of this sort (16).

cially among children and the elderly (see Table 1). This high rate may be due to the risk of exposure in immigrants' countries of origin. More than half of all new tuberculosis cases a year in the world occur in six Asian countries: Bangladesh, China, India, Indonesia, Pakistan, and the Philippines (17). The cramped living conditions common among Asian households in the city may also contribute.

Between January 1996 and December 1997, approximately 10 percent of all enrolled patients at the Chinatown Health Clinic required INH prophylaxis for evidence of a dormant TB infection. One-fifth of these patients are under age 18 (15).

HIV and AIDS

HIV infection and AIDS are found today with increasing frequency in many Asian nations. The World Health Organization estimates there were 7.26 million adults and children living with AIDS in South, Southeast, and East Asia, and the Pacific at the end of 1997. There were 1.4 million new cases in 1998 in these regions, due to the rapid spread of the virus through heterosexual sex and, to a lesser degree, the use of injected drugs and men having sex with men (18).

According to the state Department of Health, 696 Asian Pacific Islanders in the city were diagnosed with AIDS as of September 1998 (19). But misclassification may hide the true burden of disease. Although the rate of HIV infection among Asian American women giving birth in city hospitals in 1997 was relatively low (0.06 percent), there was a higher rate (0.22 percent) in the large group whose race/ethnicity is classified as *Other/Unknown* (32).

With a large number of immigrants arriving from countries with growing infection incidence, HIV prevention and treatment for AIDS will become increasingly important in community education and health care planning for Asian Americans. Currently, more than two-thirds of all Asians reported to be HIV infected in New York City are immigrants or refugees (19).

In addition, significant infection rates loom as a possible danger in the near future for Asian American young people who may be experimenting with injected drugs or engaging in unprotected sex. Finding creative and effective ways to address issues of sexuality with young people whose cultures are traditionally closed to discussing sexuality is a daunting but important task.

Smoking

Rates of tobacco use in Asian countries are currently far higher than in the United States (21). Vietnam, for example, has the highest reported smoking rate in the world. In Asia, too, there are no restrictions on marketing of tobacco product to children and teenagers, and no "Surgeon General's Warning" to deter potential smokers.

We have found no analysis of smoking habits among New York's Asian American adolescents. But in California, tobacco use among Asian and Pacific Islander adolescents increased by more than 50 percent between 1993 and 1996, according to the state's Department of Health Services. Advertisers were targeting Asian immigrant groups more intensively than even African American and Hispanic communities in California, according to a 1992 USC study (22).

Asian immigrant teenagers and their families are considered among the most likely Americans to take up smoking, according to the Surgeon General (22). The National Cancer Institute has found that lung and bronchial cancers are the most common cancers found among Chinese men and women and Filipino men (23).

Many lines of evidence implicate smoking as an increasingly important threat to health in the Asian American community. The growing number of immigrants from countries with high rates of smoking suggests that smoking related illness will soon rise substantially. To counter cultural norms, anti-smoking campaigns and cessation programs should be especially targeted at Asian youth. However, more research is needed to establish the magnitude of the problem locally, to determine how patterns of tobacco use change with acculturation, and to design the most effective approaches for the Asian American community in New York City.

Mental Health

According to mental health care providers, depression and anxiety disorders are the most common mental illnesses seen among Asian immigrants. However, many Asian cultures do not have the same concrete definition of mental illness as the mainstream U.S. culture does. In addition, mental illness holds a great stigma, and the concept of counseling or sharing one's problems outside

4 *Tuberculosis is transmitted through inhalation of airborne bacteria. The risk of infection increases as the time of exposure to an active case increases. Once a person has been infected, they will produce antibodies, which will cause a positive PPD test. However, this does not mean they have an active, infectious case. In fact, most cases are inactive, although the bacteria will survive in a dormant state until the person is treated. If the person is not treated, there is a risk of becoming infectious.*

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the family is very foreign to many Asians. As a result, many Asian Americans delay seeking help. The scarcity of bilingual services also complicates access to care.

Research indicates that Asian Americans are at risk of depression, particularly immigrants, due partly to isolation and acculturation stress (24). There is, however, less research on Asian American youth and children. Some data on suicide is available, and depression and mental illness in general are highly associated with suicide.

Based on combined data from the seven states with the largest Asian populations, suicide ranked as the number one cause of death for young South Asian people aged 15 to 24 in 1992. Additionally, suicide was the third major cause of death in 1992 for Chinese, Koreans, Vietnamese and Filipinos, as well as white and African Americans, aged 15 to 24. Asian American women between ages 15 and 24 have the second highest suicide rate in their age group, after Native Americans. Although the actual number of suicides that these rates represent is very low, the data are valuable as a trend indicator of mental illness and of an inordinate burden of stressors within the community (3).

An analysis of New York City cause-of-death data for women from 1995 through 1997 reveals that Asian New Yorkers constituted a disproportionate number of suicides. In 1995, Asians accounted for 13.3 percent of suicides among women, 16.5 percent in 1996, and 11.9 percent in 1997. Most of these women were middle-aged. Only 12 out of a total of 58 Asian women's suicides involved women in their teens or twenties (25).

TABLE 22

PERCENT OF BOYS IN GRADES FIVE THROUGH 12 NATIONWIDE WHO REPORTED PHYSICAL OR SEXUAL ABUSE, BY RACE/ETHNICITY

	% PHYSICALLY ABUSED	% SEXUALLY ABUSED
ASIAN	17%	9%
HISPANIC	13%	7%
BLACK	10%	3%
WHITE	8%	3%

Source: "The Health of Adolescent Boys: A Commonwealth Fund Survey," June 1998.

TABLE 23

PERCENT OF BOYS IN GRADES FIVE THROUGH 12 NATIONWIDE WHO REPORTED MENTAL HEALTH PROBLEMS, ABUSED VS. NON-ABUSED

	% ABUSED	% NON-ABUSED
DEPRESSIVE SYMPTOMS	40%	13%
LOW SELF-CONFIDENCE	16%	6%
HIGH STRESS	50%	30%
SUICIDAL THOUGHTS	53%	22%
EVER BINGED OR PURGED	23%	6%
BINGED OR PURGED—ONCE/WK	16%	2%

Source: "The Health of Adolescent Boys: A Commonwealth Fund Survey," June 1998.

A national Commonwealth Fund survey of girls in grades 5 though 12 found that Asian American girls had the highest rates of depressive symptoms (30 percent), as compared to white girls (22 percent), African American girls (17 percent), or Hispanic girls (27 percent) (26).

Another Commonwealth Fund survey on boys points out another factor frequently mentioned by Asian youth workers: Asian teenage boys were more likely than their white, Black and Hispanic peers to report physical or sexual abuse (Table 22). The report found that those who had suffered such abuse were more likely to suffer from mental health problems (Table 23) (27).

Many mental health care providers who work primarily with Asian families in New York City believe that Asian children and teenagers are highly prone to depression. Every health provider and youth services provider interviewed for this report cited the pressure to succeed in school as a primary source of stress and anxiety for young people in these communities.

Adolescents and adults who have recently immigrated may also suffer extreme stress, and consequently experience bouts of depression. Asian cultures tend to downplay the severity of mental problems and to encourage self-reliance, sometimes to the detriment of people who truly need assistance.

There are limited bicultural/bilingual mental health services for low income Asian Americans. Only a few hundred Asian men, women and children are receiving care for severe depression at any one time at clinics or programs designed to serve them in New York City.[5]

When Asian immigrants are troubled by symptoms of a mental health problem, they often seek assistance from primary care providers of their own ethnicity rather than mental health professionals. The Chinatown Health Clinic reports that often primary care providers serve as a *de facto* mental health system, although such providers are not necessarily comfortable providing mental health care (15).

As a result, the greatest need in the mental health field may be for much more extensive and more creative education and outreach, and for more culturally-specific mental health programs. The Asian community must be trained to identify mental health needs and encouraged to overcome the stigma of seeking mental health care. Ongoing cultural sensitivity training for providers and agency staff will surely be critical to the effort.

Insurance and Access to Care

There is very limited data detailing health insurance coverage and access to care by ethnicity in New York City. However, groups most likely to be uninsured in New York State include children, non-U.S. citizens, and low-income working families (28). Asian American children are clearly at risk of being uninsured, and therefore at risk of receiving inadequate care. Barriers commonly reported by medical professionals include lack of knowledge about subsidized coverage, the limited number of bilingual/bicultural providers in managed care plans, and language and cultural differences between the provider and the client.

The number of Asian births in New York City covered by Medicaid is growing rapidly. In 1996, nearly half (47.7 percent) of Asian births were covered by Medicaid, compared to about one-fifth of white births (Table 24). This percentage is more than twice as many as in 1990 (21.9 percent) (1). The growth in Medicaid coverage is likely due to a combination of growing poverty rates as well as increased Medicaid applications.

Nearly six percent of Asian births were listed as "self-paid," which in fact means the mother had no insurance coverage (1). This was the highest rate among all broadly defined ethnic groups. A lack of insurance is most commonly due to an inability to pay for private insurance or a lack of access to employer plans.

Basic government-funded managed care coverage is available for children of most low-income New York families through Medicaid. Medicaid coverage is available for the American-born children of low-income immigrants, even if the parents do not qualify because of their immigration status.[6]

Immigrant children, however, are far less likely to be eligible for Medicaid, unless they fall into one of a handful of special categories – such as refugees, political asylees, or legal permanent residents who arrived in the United States before August 22, 1996.

5 *See Appendix 4.*

6 *Following the expansion of Medicaid coverage approved by the New York State legislature in June 1998, American-born children from birth through 18 are eligible for Medicaid if their families have an income below 133 percent of the federal poverty level. For example, a family of four with income of $22,020 or less is eligible. The income cutoff is significantly higher (185 percent of federal poverty level) for the coverage of newborns.*

TABLE 24 METHOD OF PAYMENT FOR CARE, BY PERCENT OF LIVE BIRTHS AND RACE/ETHNICITY, NYC, 1996

	WHITE	BLACK	HISPANIC	ASIAN	ALL
SELF-PAID	5.3 %	4.2 %	4.0 %	5.7 %	**4.6 %**
MEDICAID	21.6 %	59.6 %	74.9 %	47.7 %	**52.2 %**
INSURER-PAID	58.0 %	20.8 %	13.8 %	31.1 %	**30.4 %**
HMO	14.3 %	11.6 %	6.4 %	12.9 %	**10.8 %**
NOT STATED	0.8 %	3.9 %	1.0 %	2.7 %	**1.9 %**

Source: NYC DOHI Summary of Vital Statistics, 1996

Child health care coverage is also available for low- to moderate-income families regardless of their immigration status through Child Health Plus, a commercially managed care program subsidized through federal and state funding.[7]

The full degree to which immigrants in New York access either Medicaid or Child Health Plus has not been quantified in any available research. In fact, the percentage of eligible Asian American children, regardless of immigration status, enrolled in Child Health Plus is not available since application forms do not include data on ethnicity. However, the new application form currently being piloted by the state combines the application for Child Health Plus with Medicaid. Since ethnicity must be recorded for Medicaid, ethnicity data for Child Health Plus should be available in the future.

But the expansion of Child Health Plus could also have a major negative impact on immigrants' eligibility. The new federal funding statute limits access to citizens and special-category immigrants. This rule has not yet been enforced, however, and the New York State government has not yet changed the Child Health Plus program's guidelines. For now, the program still requires no information about immigration status.

This could change, however, if the federal Health Care Financing Administration seeks to implement the immigration rule. At that point, the state may have to devise a new method of providing state and locally funded health care to immigrant children, or accept the growth of a vast pool of uninsured young people. Additionally, because the new combined application will gather information on immigration status for Medicaid eligibility, it remains to be seen if it will deter undocumented immigrants from registering their children for Child Health Plus.

Another drawback of Child Health Plus and other managed care plans is that a client must choose from a limited number of primary care providers and other services. Many medical professionals charge that managed care companies fail to provide an adequate number of language-appropriate services and culturally competent providers to Asian clients. Critics say that few physicians and other staff of managed care programs have studied the cultural health beliefs and practices of Asian ethnic groups, much less learned to work appropriately to accommodate those beliefs and practices. Language and cultural barriers can impede provider-patient communication and result in inappropriate use of services, poor compliance, or even harmful outcomes.

Community specific outreach must be properly designed and implemented. Similarly, it must be properly evaluated through the collection of data on enrollment in health plans. Community-based organizations in Asian communities will be essential to successful outreach and therefore must be properly funded. Proper health care depends on finding a provider with whom an individual or family can communicate effectively. Requiring and disseminating information on numbers of bilingual and culturally sensitive practitioners within each health plan is an important part of allowing Asian families an educated choice about health care. ■

[7] *The program, started in 1991, is expanding in 1999 with new federal funding. Families with gross incomes up to 230 percent of the federal poverty level, $37,901 for a family of four, will qualify. This will increase to 250 percent of the federal poverty level on July 1, 2000.*

III. CHILD CARE AND NEW YORK'S ASIAN COMMUNITIES

AFFORDABLE CHILD CARE is of extraordinary importance for all New Yorkers. The need is especially pronounced in the Asian American community, because almost one-quarter of the Asian American population is under age 18, and the vast majority of adults are employed. However, there is a severe child care shortage in neighborhoods where Asians live and work.

More than any other broadly defined ethnic group, adult Asian New Yorkers are in the labor force. This is equally true across the various Asian national subgroups – and includes women as well as men. The high rate of employment leaves few adults available to provide child care. Only a small fraction of those working parents who need someone to care for their children are able to find space in regulated, affordable programs.

Asian Americans in New York, particularly recent immigrants, often are employed in low wage manufacturing and service jobs, limiting available money for child care. The long hours required by these low paying jobs exacerbate the need for child care. For example, domestic workers, cab drivers, newsstand vendors, and restaurant laborers regularly work 12-hour shifts while bringing home between $30 and $70 a day. Anecdotal reports say that garment factory workers and restaurant laborers often earn minimum wage or below, and 80 to 100 hour work weeks are not uncommon.

Some Asian American parents have relatives or neighbors who watch over their children during the work day. But such resources are not available to every family, nor are they always desirable. For instance, some grandparents are themselves working or unable to take on the strenuous labor of caring for young children. A large percentage of immigrants simply have few or no non-working relatives living in New York City.

As a result, in many households, parents resort to working alternate shifts so one spouse can stay with the kids, mothers working during the day and fathers working through the night. Too often mothers are forced to take their children to work with them in garment factories, retail shops, and elsewhere. Anecdotal reports from the Chinese community also tell of children being sent back to live with relatives in China until school age, for lack of affordable day care. This arrangement not only can harm parent-child relationships, but also makes for a difficult adjustment for the young child upon return to the U.S.

Other parents avail themselves of unregulated, informal child care in their community, which is often not ideal. Regulated child care is important because it furnishes a safe place for children; trained providers nurture early education, prepare children for school, and are a source of information about available children's services for newly immigrated parents. Unregulated providers sometimes overstep legal limits on the number of children in their care, tending to several infants at one time, for example. The developmental quality of such care is notoriously uneven – some informal caregivers are capable and understand the importance of engaging children in skills development; others are much more passive. It is extremely difficult to assess the magnitude of unregulated care.

Government-Funded Child Care Services

New York City has a large, 50-year-old system that provides subsidized child care for many low-income working parents at city-contracted group child care centers or family child care in private homes. Other important parts of government-funded child care include Head Start programs, pre-kindergarten, and after-school programs for school-age children.[1]

This subsidized child care system has in many ways proven inadequate in its ability to serve the Asian American community. The reasons include:

- **1** very long waits for affordable, quality child care slots on the Lower East Side;
- **2** an extreme shortage of affordable child care in outer borough Asian communities; and,
- **3** persistent language and cultural barriers.

The Long Wait for Child Care

The waiting lists for subsidized child care in the city are lengthy. Frequently, parents wait several years to obtain a spot for their child in a city-funded center. Many give up altogether. Leaders in the Chinese community report that it is common for parents to place newborn children on child care waiting lists in the hope that a spot will become available within a couple of years.

Between 40 and 95 percent of the children in each

[1] See Appendix 5 for more information on the subsidized child care system.

child care center in Chinatown and on the Lower East Side are Asian American, according to providers. But nearly all of these centers have very long waiting lists. The waiting list at University Settlement, for example, is 400 names long. There are 300 names on the waiting list at Chung Pak Child Care Center.

Manhattan's Lower East Side is comparatively better-served than most Asian communities with respect to child care. The district has more than 2,765 subsidized center-based and family child care slots and 938 part-day Head Start slots, according to the Agency for Child Development (ACD). There are also 3,199 private, non-subsidized child care slots in the district, according to ACD. Half of the child care slots in the district are for older, school-age children.

The demand for care far outstrips the supply. In Chinatown alone, community service providers estimate 20,000 men and women work in the garment industry, and roughly 15,000 more in the restaurant business. A large percentage of these workers commute from the outer boroughs, and many have young children. These labor force estimates do not include the large numbers of Latino, African American, Orthodox Jewish and other workers employed in the district, many of whom depend on the same public and private child care resources as Asians.

Yet, at the same time, other neighborhoods in New York City suffer from such a short supply of child care that the stretched resources in Chinatown and the Lower East Side offer the only options for thousands of commuting parents. Providers report that a large percentage of the children enrolled in their Chinatown programs live in Brooklyn and Queens.

Lack of Child Care in Newer Asian Communities

Outside the Lower East Side, the other nine community districts where most Asian New Yorkers live are badly underserved in terms of child care (Table 25).

In Sunset Park, there were a total of 11,370 children under age 5 of all ethnicities and races in 1994, and an additional 16,402 from ages 5 through 14, according to the Administration for Children's Services (8). Yet there is only one ACD-subsidized child care slot for every 39 children under age 5. There are also 396 Head Start slots, most of them in half-day programs. There are another 700 private, non-subsidized child care slots in the district-but only 200 of them are for young children. The remainder are for school-age children.

Bensonhurst, also with a large and growing Asian population, had 10,221 children under age 5 in 1994, and another 16,966 aged 5 through 14. Yet the community district currently has only one subsidized child care slots for every 112 children under age 5. Another 30 slots are available for school-age children through the ACD voucher program. There is no Head Start pre-school program in the neighborhood. Another 840 non-subsidized private child care slots are available here, yet one-fifth of the neighborhood's households have incomes below the federal poverty line.

In Flushing, there were a total of 13,363 children under age 5 of all ethnicities and races in 1994, and 24,357 aged 5 through 14. Yet there are only 378 ACD-subsidized child care slots in the entire neighborhood, and no Head Start. While about 10 percent of the district's families live in poverty, and one-third have household incomes below $25,000 per year, the great majority of child care in the district, a total of 2,366 slots, is private and non-subsidized.

In Astoria, more than two-fifths of the households had annual incomes below $25,000 and one in seven families were living in poverty in 1996. Although there were 32,916 children aged 14 and younger in the district in 1994, there are only 883 subsidized child care slots here, and 96 children in Head Start. The large majority of these subsidized child care programs serve the Queensbridge and Ravenswood public housing complexes where Asians are less likely to reside.

The Sunnyside/Woodside community district had 7,288 children under age 5 and 10,123 children aged 5 through 14 in 1994, according to the Administration for Children's Services (ACS). But the district has only 72 subsidized child care slots, all of them in the voucher program. There is no Head Start, and there are only 867 non-subsidized slots – at least 300 of them for school-age children.

Elmhurst/Corona is among the most poorly served districts in the entire city, and it has a large, diverse and growing Asian community that includes recent immigrants of all the large national groups. In 1994, there were about 13,830 children under age 5 of all ethnicities and races, and 18,337 aged 5 through 14, according to ACS. While one in seven households (13.7 percent) in the district lives in poverty, there is no Head Start program and only 131 subsidized child care slots, nearly all provided through the ACD voucher program. In addition, there are only 427 private, non-subsidized group or family child care slots in the entire community.

TABLE 25 **THE AVAILABILITY OF CHILD CARE IN NEIGHBORHOODS WITH LARGE ASIAN POPULATIONS**

	SLOTS IN ACD-FUNDED PROGRAMS	SLOTS THRU ACD VOUCHERS	TOTAL SLOTS: SUBSIDIZED CHILD CARE	SLOTS IN HEAD START PRE-SCHOOL	SLOTS IN NON-SUBSIDIZED PROGRAMS
MANHATTAN–					
LOWER EAST SIDE **(M3)**	2,675	90	2,765	938	3,199
BROOKLYN–					
SUNSET PARK **(K7)**	267	27	294	396	700
BENSONHURST **(K11)**	0	121	121	0	840
QUEENS–					
ASTORIA **(Q1)**	806	77	883	96	1,102
SUNNYSIDE/WOODSIDE **(Q2)**	0	72	72	0	867
ELMHURST/CORONA **(Q4))**	13	118	131	0	427
FOREST HILLS/REGO **(Q6)**	249	80	329	0	1,614
FLUSHING/WHITESTONE **(Q7)**	213	165	378	0	2,366
HILLCREST/FRESH MEAD. **(Q8)**	0	152	152	0	1,734

Source: ACD: "Early Childhood Capacity By School District," March 12, 1998. Note: For this table, the ACD data have been plotted and analyzed based on NYC community district boundaries.

Child Care and Linguistic Accessibility

Outside of the Chinese community, few families in other Asian communities know they may be eligible for subsidized child care. Yet there is virtually no outreach or education targeting these populations. Interviews with leaders from the Vietnamese, Korean, Filipino, Indian, and other Asian communities suggest anecdotally that parents in these communities most often depend on relatives or neighbors for child care, or take their children to work.

There are significant linguistic reasons for lack of access. Chinatown and the Lower East Side comprise the only district in the city where a large number of group and family child care programs have Asian speaking staff members. There, nearly all of the programs surveyed in the course of our research have employees that speak a Chinese dialect.

In an informal survey of nearly all subsidized and non-subsidized child care programs in the eight outer-borough communities with the largest Asian populations, we found that 87 percent had Asian children, but only 43 percent had any Asian-language staff. Of these, the large majority had a staff member who could speak only one Asian language or dialect. This problem is greatest in Brooklyn; of 18 centers that responded to our survey, only five had any Asian-language staff.

In order to address the lack of child care, the city and state should invest in creating new child care centers or financially supporting the expansion of existing ones in response to the explosive growth of families, particularly in Queens and Brooklyn.

Ideally, local Asian-led child care facilities should be developed and promoted. This would enhance staff sensitivity to linguistic and cultural needs. Such an environment would encourage effective parental communication, confidence, and support. In addition, child care workers in both Asian and non-Asian-led centers require adequate training in cultural sensitivity. Better pay for child care workers will promote the retention of a professional staff, which is experienced and well-trained in working with diverse cultures.

Because many immigrant communities are densely populated and may not have the physical space to develop large centers, other options, such as ACD-regulated family care, should also be encouraged. More family care will require outreach and education because many Asian families are not used to the idea of caring for a stranger's child in one's home. In addition, because many Asian families live in substandard or overcrowded housing, they may be uncomfortable with opening their home to strangers or may not satisfy licensing requirements.

In addition, the number of subsidized slots should be increased. Appropriate outreach should be done to alert families that such care is available, and how to access vouchers as necessary. ■

IV. YOUTH SERVICES FOR ASIAN AMERICANS

THE NUMBER OF ASIAN AMERICAN children is growing rapidly (Table 26). The vast majority, 96 percent, in New York State live in households with foreign-born parents (5). Much of their educational and developmental needs are unique, characterized by the stress of cultural adaptation, intergenerational conflict, and poverty.

The need for outlets for immigrant youth is immense, whether as an alternative to the violence and boredom of the streets, a place to seek help, or a way to deal with family and identity issues in a constructive manner. Arrests among Asian youths are rising faster than the size of the population, and access to youth services declined in the mid-1990s. While some new programs for young people are emerging, there is still a severe shortage of social, recreational, and counseling programs designed with Asian American youth's specific needs and interests in mind.

Acculturation and Family Relations

Because Asian immigrant parents tend to work long hours while retaining close ties to peers from their home countries, they often grow emotionally distant from children, who become increasingly enmeshed in an American social culture. Adults often exert pressure on their children to succeed academically and to maintain their focus on the family and its cultural traditions. Such pressures may conflict with an adolescent's more individualized, American outlook on life.

Many immigrants see academic success as a way for their children to avoid the menial and exhausting labor they must perform to support a family. In addition, immigrant parents sometimes find that school is the only aspect of their child's life to which they can readily relate, because the rest of American youth culture is so foreign. As a result, they focus steadily on education. However, immigrant parents are generally unfamiliar with the American education system. This lack of understanding, often coupled with limited English abilities, limits how much support they can offer their child, even as they urge the child to succeed.

Because children often speak English better than their parents, they must act as the household's negotiator and representative to the outside world. This puts an additional responsibility on the shoulders of children and young people and reverses the family's traditional hierarchy of authority. Many immigrant parents face not only under-employment and financial worries, but also the loss of their role as authority figures at home.

Young Asian Americans must struggle to balance two very different cultures. In general, Asian culture emphasizes the family unit, family obligations, and harmony within the home. Mainstream American cultural values prioritize the individual. For example, reserving one's opinion at home may be the norm for an Asian American youth, but at school, young people are expected to be outspoken.

In addition, Asian American young people must cope with racial/ethnic stereotyping or anti-immigrant attitudes. Classmates, teachers, and others may expect them to fit narrow roles such as academic geniuses or

TABLE 26 **NUMBER OF ASIAN AMERICAN YOUTH UNDER AGE 18 IN NEW YORK CITY, AND AS A PERCENTAGE OF THE CITY'S ASIAN POPULATION**

	NYC ASIANS UNDER AGE 18	AS % OF NYC ASIAN POPULATION
1990	115,962	23.7%
1996	146,450	23.4%

Source: 1990 Census, 1996 HUS

TABLE 27*

FOUR YEAR OUTCOMES FOR PUBLIC HIGH SCHOOL STUDENTS, BY RACE/ETHNICITY, 1996

	% GRADUATE	% DROPPED OUT	% STILL ENROLLED
ASIAN	63.9 %	8.2 %	27.9 %
WHITE	69.2 %	10.0 %	20.9 %
BLACK	43.9 %	16.7 %	39.4 %
HISPANIC	37.7 %	21.8 %	40.5 %
TOTAL NYC	**48.3 %**	**16.4 %**	**35.3 %**

Source: Class of 1996 Four Year Longitudinal Report and Event Drop Out Rates, New York City Board of Education

gang members. Asian Americans are often told to "go back to your own country," which suggests to a young person that he or she will never be fully accepted as American, regardless of country of birth. The lack of positive, three-dimensional Asian Americans in American popular culture and media promotes the stereotypes.

The emotional distance between generations, the gap between cultures, and shifts in traditional family authority structure increase stress on family relations. Frequently, immigrant Asian parents are at a loss as to how deal with their Americanized children. Young people struggle to balance pleasing their parents and fitting in among friends.

Failing to Graduate

Academically, many Asian American children face major hurdles. Some are recent arrivals striving to adapt to the American schools, which tend to have expectations of student participation and a classroom culture very different from those in Asian countries. Other students are from rural or poor urban areas in Asia and have little formal education. Still others are simply struggling with a new language.

In the city schools, Asian children now account for 10.3 percent of students (13). More than one-third of Asian American children fail to graduate from the city's public high schools with their class (Table 27). In the class intended to graduate in 1996, 8.2 percent of Asian students dropped out before reaching graduation. Another 27.5 percent failed to graduate, although they continued their studies. As time goes by, these older students, too, are at increasing risk of dropping out altogether without a degree. The number of Asian Americans who drop out due to limited English proficiency can be expected to increase as the state phases in a new standard requiring all high school graduates to pass an English Regents exam.

While Asian Americans do not have as high a dropout rate as other ethnic groups, many people are surprised to realize that Asian Americans students *ever* drop out. The stereotype of the Asian model student perpetuates the erroneous belief that Asians do not face academic problems and do not need any type of support, tutoring, mentoring, or other intervention.

Crime and Violence

The alienation some children feel from their American peers and their own parents, along with adolescent rebelliousness, is sometimes manifested in gang-like criminal behavior. The city's criminal justice officials do not gather survey data on gang involvement by ethnicity. Anecdotally, those who work with Chinese, Vietnamese, and Korean adolescents say that in some neighborhoods there is significant gang-like activity among them; how much of it is criminal is unknown. In some cases, young people may associate and become involved in petty criminal behavior rather than be initiated members of larger, organized gangs.

Primarily because of more aggressive police tactics, arrests of young people increased dramatically during Mayor Giuliani's first term in office, by as much as 30 percent in one year, according to the state's Division of

Criminal Justice Services. This policy shift hit Asian teenagers directly, as it did every group of adolescents in the city's lower income communities. Nearly half of the arrests were for minor offenses, such as drinking and disorderly conduct (29).

But these changes in enforcement policy do not account for the most significant shift in arrest numbers among Asian adolescents. Between 1993 and 1996, the number of Asian youths arrested for major felonies in New York City increased 38 percent. At the same time, the city's Asian population increased only 23 percent. Significantly, the overall number of adolescents of all ethnic groups in the city arrested for major felonies (murder, rape, robbery, car theft, and so on) actually declined during the same period (4).

Unfortunately, the New York Police Department (NYPD) was unable to provide specifically comparable data reflecting the divergence between Asians and other adolescents, so these other groups are not included in Table 28 below.

TABLE 28 **NUMBER OF ASIAN YOUTHS UNDER 18 YEARS OF AGE APPREHENDED IN NEW YORK CITY FOR INDEX CRIMES***

	NUMBER OF ARRESTS
1993	399
1996	549

Source: NYPD, Office of Management Analysis and Planning
** Includes: murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft.*

Youth Programs

The pattern of government funding from 1993 to present has negatively impacted on services for Asian American youth. There was a major drop-off in government support for youth services in the first years of the Giuliani administration.[1] One recent study by the Arete Corporation found that the city's contribution to youth services dropped from $72 million in Fiscal Year 1993 to only $36 million in Fiscal Year 1996 (Table 29) (30). In most neighborhoods where the majority of Asian children live, the impact of these cuts was felt even as the Asian population jumped in size.

Funding for smaller programs held in the community at sites other than schools by groups such as cultural institutions, housing groups, and small organizations, declined, hurting the overall network of youth services throughout the city. In addition, many of these programs receive funding from the city's Department of Youth and Community Development, which allocates resources based on 1980 census data. Given the Asian American community's drastic growth in the past twenty years, 1980 census data obviously does not reflect current need.

Since 1996, city funding has increased again, however, for large, school-based programs. For example, the current Fiscal Year 1999 city budget included about $18.5 million in funding for 41 new Beacon Schools, which are comprehensive after school community centers based in public school buildings and managed by nonprofit organizations. There are currently 75 Beacon Schools in the city. Neighborhoods with a high number of Asians and a Beacon School include Flushing, Chinatown, and Sunset Park.

In addition to the Beacons, Asian-run community-based organizations, houses of worship, citywide youth organizations (e.g., YWCA), and settlement houses provide youth services to the Asian American community. Twelve Asian-run organizations currently receive funding for youth programs from the city, in various funding streams. A complete listing of all progams and numbers of young people served at Asian-run and non-Asian-run agencies is not available.

[1] *Youth programs as discussed here refer to community-based organizations and projects providing youth with regular, structured programs and services with specific goals of empowerment, leadership development, and/or increased health and social well-being. Other activities in which youth participate such as academic test preparation courses, culture and language schools, and youth groups with religious objectives are not included for the purposes of this report.*

TABLE 29 YOUTH SERVICE CONTRACT FUNDING*, BY WORK LOCATION, BY COMMUNITY DISTRICT, 1993 AND 1996

DISTRICT	1993	1996	% CHANGE
CHINATOWN/LES	$2,945,561	$2,410,778	-18%
ASTORIA	1,599,007	1,026,755	-36%
WOODSIDE	1,620,372	756,259	-53%
ELMHURST	333,783	413,162	+24%
FOREST HILLS	634,615	326,234	-49%
FLUSHING	938,656	746,719	-20%
HILLCREST	1,057,772	559,570	-47%
SUNSET PARK	2,450,801	1,632,534	-33%
BENSONHURST	633,629	245,001	-61%

Source: "Winners & Losers, Impacts of Budget Changes on Social Services and on Community Districts in New York City, 1993-1996," Arete Corporation, October 1997.
** Includes youth services contracts issued by the Department of Youth and Community Development, the Department of Employment, the Agency for Child Development, and the Mayor's Office.*

The Chinese and Korean communities have the most youth service organizations run by members of those ethnic groups. There is a severe shortage of youth services for other Asian ethnic groups, including the South Asians and Filipinos, which are the second and fourth largest Asian ethnic groups in the city, respectively. Currently, there is only one agency specifically designed to serve South Asian youth, and one fledgling peer support network for Filipinos.[2] Both have only begun within the last few years.

The handful of other programs that focus on the needs of Asian young people find that even apparently stable, academically successful children in the various Asian American cultures often suffer stress-related problems. These can lead to major disruptions, including harsh discipline at home, deteriorating relations with parents and grandparents, and depressive disorders.

In addition, the demographics assure an inevitable growth in second and third generation Asian Americans who will face their own particular needs. Programs that can not dynamically address the issues of the children and grandchildren of immigrants will not be sustainable.

Ultimately, youth workers say, the city needs more culturally appropriate youth programs for young immigrants and the children of immigrants. In addition, they say, we must develop more creative outreach and education efforts to help parents understand the social and emotional development of their children. After all, most of these children live in a culture that is radically different from the one that their parents experienced when they were young.

Asian youth organizations offer bilingual and bicultural activities that create a uniquely positive and safe space for youth to develop social skills and to examine the cultural tensions in their lives. They encourage community leadership and provide Asian American role models to emulate in school and future careers. In addition, traditional Asian parents may feel more comfortable in sending their children to an Asian-run organization. The staff are more likely to speak the parents' language, to understand cultural expectations of the young people, and to be able to help immigrant youth negotiate American culture.

Unfortunately, the growth of new populations is outstripping the ability of Asian youth-serving organizations to reach their potential. A survey of current youth programs is needed to determine the gaps in services for Asian American youth. As new immigrant communities grow, both community leaders and funders must nurture new services for young people. ■

[2] *South Asian Youth Action and the LYFE program of the Filipino American Human Services.*

In order to give Asian American children the opportunity to make their contributions to a healthier New York City, elected officials, agency administrators, service planners, and funders face challenges which are certainly unique and require new approaches and dedication.

CONCLUSION

New York City has thrived through many waves of immigration in no small part because of a commitment to providing all its children with the opportunity for education, good health, and economic advancement. A variety of support programs have been created to help children reach these goals. However, remarkable recent growth in the population has shifted the very foundation upon which these programs were built and threatens their continued effectiveness.

The Asian American community has tripled in size since 1970, currently making up about 10 percent of the city population. Asian New Yorkers represent a diverse group of cultures and languages but share certain underlying values and challenges. Perhaps the most striking commonality between these groups is that their needs have not been documented adequately. Often agencies are not even required keep track of the ethnicity of their clients.

The limited data that is available suggest substantial needs which current approaches do not satisfy. The Asian American community is overwhelmingly a population of immigrants and their children, many working long hours at low paying labor and service jobs. While they struggle with adjusting to a new culture, they face providers who do not speak their language, do not have access to interpreters, and are not trained in cross-cultural issues. Resources targeted for the Asian American community are severely lacking. Child care and youth programs in their communities are scarce.

Despite these obstacles, many Asian Americans families do succeed. Many more are at risk of failing. If they do fail, the city will pay the social cost of a less educated workforce with increased public health needs. In order to give Asian American children the opportunity to make their contributions to a healthier New York City, elected officials, agency administrators, service planners, and funders face challenges which are certainly unique and require new approaches and dedication.

We cannot afford to allow these challenges to remain largely unqualified and unaddressed. We must remain committed to increasing the data on Asian American children; to investing more resources in health and human services sensitive to the needs of the Asian American community; to supporting outreach and education which effectively reach all Asian ethnic groups; to maintaining support for immigrant children of all backgrounds; to working to include Asian Americans in our city government and administration; and, to encouraging leadership from within the Asian American community.

Investing in services for Asian American children today is our chance to create a future of opportunity for this rapidly growing community. ■

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Appendix 1: Immigration Rates

Since the 1940s, the pace of immigration to New York has picked up speed one decade after the next. In the 1950s, 47,060 immigrants of all ethnicities and races chose to establish residency in the city each year. In the 1980s, 85,600 immigrants established residency here annually.

Immigration from Asian countries was severely limited until changes in federal immigration law in 1965 ending a quota system that most benefited European immigrants. Instead, immigration was permitted on the basis of family reunification and to fulfill labor shortages. Many immigrants from Asia arriving in the first wave after 1965 were professionals, such as physicians and engineers. In 1990, further changes in immigration law increased the number of immigrants coming with employment visas. Other immigrants with fewer employment skills are able to arrive under a diversity program which encourages immigrants from underrepresented countries.

From 1990 to 1994, 112,600 immigrants arrived yearly, according to the Department of City Planning (11). Asia has long ranked second only to the Caribbean as a source of immigration to New York City. But in the first half of the 1990s, Asia surpassed the Caribbean when 26 percent of documented immigrants arrived from Asia.

Each year between 1990 and 1994, about 11,960 documented Chinese migrated to New York City from mainland China, Hong Kong and Taiwan. Filipinos arrived at a rate of 3,476 annually; Indians at 2,897 per year; Bangladeshis at 1,911; Koreans at 1,725; and Pakistanis at 1,493. Indian immigration has held steady for three decades, while Korean arrivals surged in the 1980s and declined significantly in the early 1990s, perhaps, in part, the result of a fast-growing Korean economy and the return of a democratic form of government in that nation (11).

During the early 1990s, more than twice as many Chinese and Pakistani immigrants arrived each year than in 1979. The annual number of arriving Filipinos grew by 80 percent.

Appendix 2: The 1996 Housing and Vacancy Survey and Imputation Problems

Every three years, the city government hires the Census Bureau to perform a broad-reaching survey of city residents to obtain housing and demographic data. The task is required by local rent regulation statutes, primarily to calculate the rate of rental vacancies and thereby determine whether or not rent regulation need be extended. The HVS also includes questions that reach well beyond housing to examine the survey population's ethnicity, national origin, income, labor force participation, and much more.

The latest HVS, performed in 1996, surveyed 15,752 households comprised of about 38,000 people. Of these, immigrants headed 5,933 of the households. Statistical analysts then weighted this base data to compute the true number of people and households comprising several different categories and displaying many different characteristics.

While the number of households in the survey is not small, the HVS data still pose a handful of problems and limitations. First, when the 15,752 households are broken down by ethnic groups, some of the base numbers, that is, the actual families surveyed, turn out to be very small. For instance, of all those surveyed, only 32 families were Vietnamese and 86 were Filipino. As a result, in this report, it is important to remember that data reflecting information about Vietnamese and Filipino New Yorkers are not fully reliable. The data for the other ethnic groups, however, is based on a large enough sample to be considered statistically solid.

The same problem occurs when we try to break ethnic data down by community districts. The actual number of families within any given ethnic group can be so small that the validity of the results becomes questionable.

Another problem is posed by the Census Bureau's statistical tweaking of income data in the 1996 HVS. For the first time in the HVS, the bureau "imputed," or inferred, household and individual incomes based on peoples' educational history and their occupation. They chose to do this because more than half of the families surveyed failed to provide complete income data. In fact, among some Asian populations, the number that failed to report complete income data was very high. Fifty-six percent of the Chinese households that were surveyed, and 54 percent of the Koreans, for example, did not provide complete information.

The result of this innovation is to increase income levels compared to previous surveys. This effect is radically magnified among Asians. For example, the median individual income of Asian New Yorkers reported in the 1993 HVS was only $10,000. In the 1996 survey, following the new calculation based on the income inference, the individual median income was doubled, to $20,000. Similarly, the poverty rate among Asian New Yorkers in 1993 was calculated to be 19.8 percent. But in the later survey, the Asian poverty rate is only 13.9 percent.

But for Asians, there is a serious and disturbing problem with the imputed data. According to Census Bureau officials, incomes are inferred by comparing each individual's characteristics with similar individuals. But while the comparison nearly always took into account

educational level, age, and a handful of other characteristics, it usually did not control for ethnicity or immigration history. Therefore, the fact that vast numbers of very well-educated Asian immigrants are employed in menial jobs was never taken into account. Nor was the fact that recent immigrants rarely earn salaries comparable to native-born residents.

As a result, we decided not to accept the Census Bureau's method of inference. In analyzing and presenting income data about Asian New Yorkers for this report, we removed the imputed incomes from the data set and kept only those that were actually reported by the survey participants.

In previous years, the city's Department of Housing Preservation and Development has published detailed analyses of HVS data. It has not yet published the 1996 data, however. The data remain available from the federal government only in raw form and may never be published by the city. However, the data are being analyzed by several organizations, including academic researchers at local universities. For determining important demographic information about Asians in New York City, their work is among the most useful material we have obtained for this report.

Appendix 3: Asian neighborhoods in New York City

The majority of recent immigrants from several major Asian ethnic groups established residence in only a very few neighborhoods. The following table outlines the most common destinations for each group from 1990 to 1994, based on a Department of City Planning analysis (Table 28).

TABLE 28 **COUNTRY OF ORIGIN AND MOST FREQUENT DESTINATION, BY COMMUNITY DISTRICTS:**

CHINA: TOTAL 59,798 IMMIGRANTS, 1990-1994

Manhattan	*21,150*
1. Chinatown/Lower East Side (M 3)	
Queens	*20,391*
1. Flushing/Whitestone (Q7)	
2. Elmhurst/Corona (Q 4)	
3. Woodside (Q2)	
4. Forest Hills/Rego Park (Q 6)	
Brooklyn	*15,780*
1. Sunset Park (BK 7)	
2. Bensonhurst (BK 11)	
3. Borough Park (BK 12)	

PHILIPPINES: TOTAL 17,378 IMMIGRANTS, 1990-1994

Queens	*7,450*
1. Elmhurst/Corona (Q 4)	
2. Woodside (Q 2)	
3. Astoria (Q 1)	
4. Fresh Meadows/Briarwood (Q 8)	
Manhattan	*5,761*
1. Lower East Side (M 3)	
2. East Harlem (M 11)	
Brooklyn	*3,044*

INDIA: TOTAL 14,486 IMMIGRANTS, 1990-1994

Queens	*9,554*
1. Elmhurst/Corona (Q 4)	
2. Flushing/Whitestone (Q 7)	
3. Forest Hills/Rego Park (Q 6)	
4. Woodside (Q 2)	
5. Fresh Meadows/Briarwood (Q 8)	
6. Jackson Heights (Q 3)	
Brooklyn	*1,712*
Manhattan	*1,346*

BANGLADESH: TOTAL 9,556 IMMIGRANTS, 1990-1994

Queens	*4,775*
1. Astoria (Q 1)	
2. Elmhurst/Corona (Q 4)	
3. Fresh Meadows/Briarwood (Q 8)	
4. Woodside (Q 2)	
Brooklyn	*2,320*
1. Sunset Park (BK 7)	

KOREA: TOTAL 8,626 IMMIGRANTS, 1990-1994

Queens	*6,015*
1. Flushing/Whitestone (Q 7)	
2. Elmhurst/Corona (Q 4)	
3. Woodside (Q 2)	

PAKISTAN: TOTAL 7,465 IMMIGRANTS, 1990-1994

Queens	*3,554*
1. Flushing/Whitestone (Q 7)	
2. Elmhurst/Corona (Q 4)	
3. Fresh Meadows/Briarwood (Q 8)	
Brooklyn	*2,503*

Source: NYC Department of City Planning, The Newest New Yorkers, 1996

Appendix 4:
Community Mental Health Services

Culturally and linguistically appropriate mental health services for Asian New Yorkers are available from only a small handful of providers. These include Hamilton Madison House on the Lower East Side, which serves about 450 to 500 cases per month, of all types of mental health diagnoses, in its seven programs, which include outpatient clinics for Chinese, Japanese and Korean clients, and an alcoholism clinic for Chinese-speaking individuals. The Asian Bicultural Clinic at Gouverneur Hospital serves about 200 clients at a time, about 40 of them with depressive and anxiety disorders. Also in Manhattan, there are mental health consultation centers which provide services for Asians at Henry Street Settlement, University Settlement and the Lower East Side Service Center.

In Queens, services for a few hundred individuals and their families are available at the Elmhurst Hospital Asian Mental Health Clinic and Queens Child Guidance's Elmhurst clinic, which covers four ethnic groups: Chinese, Korean, Filipino and South Asian. Nav Nirmaan, a nonprofit organization based in Elmhurst, provides substance abuse treatment for South Asians.

In Brooklyn, the primary mental health provider for Asian Americans is Lutheran Medical Center's Sunset Park Family Health Center.

Appendix 5:
The Subsidized Child Care System

Low- and moderate-income working parents can seek subsidized child care for their young children by applying to the city's Agency for Child Development (ACD) or, in the outer boroughs, to individual, ACD-subsidized child care centers. Families are eligible for subsidized care if one or both parents are employed or seeking employment and have an annual income below an established ceiling. For example, in 1997, a family of three qualified if their household income was less than $29,878. Depending on their income, parents pay a sliding-scale weekly fee, ranging from one dollar to $90.

Funding comes from city, state and federal governments. The amount of government money spent on child care in New York City has increased over the last few years, but the expansion has been primarily driven by welfare policy shifts rather than by any attempt to expand subsidies for working families. The number of families on public assistance in need of child care is increasing rapidly as work requirements are instituted. According to a City Council estimate, about 57,000 children of families on welfare will need some form of child care during the next few years.

According to recent research by the Office of the Public Advocate, this system provides care for:

- *53,614 children in city-contracted group child care and family child care, as well as in the voucher program, all of which are overseen by the Agency for Child Development;*
- *15,203 children whose parents receive vouchers through welfare-to-work programs run by the city's Office of Employment Services;*
- *19,672 children in Head Start, most of them for only part of the day;*
- *13,672 children in pre-kindergarten programs run by the Board of Education.*

The city does not tabulate these figures by ethnicity or race (31).

Appendix 6:
A Note on Cultural Competency

People of diverse cultures approach critical life problems and perceive everyday issues in very different ways. In a city as diverse as New York, public and private agencies providing human services to the general population have to be properly prepared not only to serve people of various cultures, but to reach out to them as well. "Cultural competency" is a term used among professionals to denote a provider's ability to work effectively and in an appropriate manner with people of different cultures.

In its simplest terms, cultural competence requires that health and human service professionals, as well as educators and others, know details of their client's cultural worldview, and be able to incorporate that knowledge into service delivery in a supportive and culturally appropriate way. Needless to say, this often comes most easily to people steeped in the culture of the community they serve. Language skills and the ability to communicate in a clear, respectful way with clients are central elements of cultural competence.

The concept is not simply a figment of our current era of multicultural respect and political correctness. Rather, it is the result of professionals' experiences as they seek to do their jobs more effectively. A physician providing American-style medical assistance to a recent Chinese immigrant will encounter serious difficulties if he or she has no understanding of traditional Chinese conceptions of medicine, illness, and pain. Child welfare caseworkers, schoolteachers, youth counselors, and even pharmacists regularly face similar problems.

In dealing with New York's Asian communities, then, providers, policymakers and agency officials must strive to develop the skills of cultural competence and provide comprehensive cultural training to staff. Even more important, community residents and leaders should be involved in the creation and direction of appropriate policies that affect their neighbors. Agencies should hire capable people from Asian communities to serve in both management and frontline positions.

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